TORIT HEALTH SCIENCE INSTITUTE

2027 INTAKE

OFFLINE APPLICATION FORM

Application opens on 28th September and closes on 15th November 2026

Please complete this form clearly in BLOCK LETTERS and attach all required supporting documents.

APPLICATION NUMBER (For official use only) _____	PASSPORT-SIZE PHOTOGRAPH Attach here

A. APPLICANT PERSONAL INFORMATION

Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Gender: ☐ Male ☐ Female ☐ Other / Prefer not to say

_____

Nationality: _____

National ID / Passport Number: _____

Telephone / WhatsApp Number: _____

Email Address: _____

Parent's/Guardians information

Full name: _____

Contact number: _____

Relationship(father, mother or relative): _____

Address : _____

B. ADDRESS INFORMATION

Country: _____

State / Region: _____

County / District: _____

Payam / Sub-county: _____

Detailed Residential Address: _____

C. PROGRAMME APPLIED FOR(only tick two programs)

☐ Diploma in Clinical Medicine

☐ Diploma in Medical Laboratory Technology

☐ Diploma in Nursing

☐ Diploma in Pharmacy

☐ Diploma in Midwifery

☐ Diploma in Nutrition and Dietetics

☐ Diploma in Public and Environmental Health Sciences

D. EDUCATIONAL BACKGROUND

☐ South Sudan Secondary Education

☐ Uganda Education System (O-Level / A-Level inclusive)

Name of Secondary School: _____

Country of Secondary School: _____

Year of Completion: _____

E. SUBJECTS, GRADES AND RESULTS

Applicants should enter their subjects themselves together with the grades obtained. Use additional paper if more space is required.

No.	Subject	Grade	Score / Points	Remarks
1				
2				
3				
4				
5				
6				
7				
8				

Overall Average / Aggregate / Points: _____

F. SPONSORSHIP

☐ Government subsidized fee

☐ Private

☐ NGO

G. PAYMENT INFORMATION

Required fees

Application Fee: USD 15

Orientation Fee: USD 10

Entry Examination Fee: USD 25

TOTAL: USD 50

The above 50USD must be paid fully to submit the form.

Note: This fee is non refundable

KCB Bank – USD Account

Account Number: 5590222524

Account Name: Torit Health Science Institute

Payment Method: KCB Bank

Payment / Transaction Reference: _____

Date of Payment: _____

H. REQUIRED DOCUMENTS CHECKLIST

☐ National ID / Passport copy

☐ Academic Certificate / Result Slip

☐ Academic Transcript

☐ Passport-size Photograph

☐ Payment Receipt / Transaction Evidence

☐ Other Supporting Documents, if applicable

I. APPLICANT DECLARATION

I declare that the information provided in this application is true, complete and correct to the best of my knowledge. I understand that false, incomplete or misleading information may result in rejection or cancellation of my application. I understand that my payment and supporting documents must be verified before my application is processed.

Applicant Full Name: _____

Applicant Signature: _____

Date: _____

J. OFFLINE SUBMISSION INSTRUCTIONS

Applicants who are unable to complete the online application should complete this form, attach the required supporting documents and payment evidence, and submit the completed application physically to Torit Health Science Institute. The downloaded offline form should not be submitted through the online Google Form.

K. FOR OFFICIAL USE ONLY

Application Number	
Date Received	
Programme Applied For	
Payment Verified	☐ Yes ☐ No
Documents Verified	☐ Complete ☐ Incomplete
Application Status	☐ Under Review ☐ Admitted ☐ Rejected
Registrar / Authorized Officer	Name: _____
Signature / Date	Signature: _____ Date: _____